

TOWN OF MARILLA
1740 Two Rod Road
Marilla, NY 14102

APPLICATION FOR USE OF COMMUNITY CENTER

Date: _____

Name: _____
(person in charge)

Official Title: _____

Address: _____

Telephone No.: _____

I wish to make application for _____
(name of organization)

to use Game Room, Kitchen, Meeting Room on _____
(circle those to be used) (day of week i.e.: every Tues. or
1st and 3rd Wed., etc.)

There will be _____ individuals using the room for the purpose of _____

(state briefly what room will be used for)

I have read the rules and regulations provided and I, the undersigned, agree to take the responsibility that the terms will be complied with.

Signature: _____

Date: _____